1:Beaglehole and Beaglehole E-5 (1934-5)1938 Pukapukans

[501] Informants stated that in former days there were fewer canoes than today. A tapu (*lauí*) for protecting a canoe tree was instituted by making four cuts on the bole of a tree, about 6 feet from the ground. Most canoes, especially the large ones, were the property of the paternal lineage groups, each of which might own from one to three canoes. As the canoes belonged to the corporate entity, no problem of inheritance arose.

The ownership of nut trees has already been mentioned. Like trees in the reserves, individually owned trees are protected by a tapu of a coconut midrib. *Pukama* trees are also individually owned and are very valuable in that the leaves provide the best plant material for fertilizing (*wakalepo*) the talo beds. *Puhama* and coconut trees are planted over the buried afterbirth of the new-born child along the boundaries of homestead lots. Individual control of *pukama* trees is carefully guarded. During the season for mulching (*wakalepo*) the talo, it is not uncommon for two women to enter into physical encounters over rights to *pukama* trees which both claim to control.

Individual named talo beds (*ni tangata taki tai*)—twenty-two in all on Wale (see pl.1,*A*)—are inherited in the male line, or according to bequest. They have been excavated and named by individuals in the past. Some of the names of owners, as given by informants, refer to living people, others to the original makers of the beds, one or more generations back. Few Ngake talo beds remain on Wale; most private beds were situated close to the old site of Ngake village at Utupoa, and were destroyed by the tidal wave that overwhelmed the village in 1914. The beds were filled in with sand, and have since been planted with nuts; new talo beds are being excavated now on Motu Ko.

Inheritance of other items of personal property is according to rule or by right of bequest (*wakawiti*). When an individual dies, much of his property—adzes, pearl-shell hooks and ornaments, malos, sleeping mats—is buried with him. If he dies intestate, all that remains after the survivors have fulfilled the last duties to the deceased is divided among the children, blood and adopted. When an individual has made a bequest before death, his property is divided accordingly. Fear of retribution by the spirit of the deceased if the terms of the bequest are not strictly carried out insures that the last wishes of the dying man will be fulfilled.

The house is generally inherited by children or paternal male relatives of the deceased. Two exceptions in which the house was inherited by the wife of the deceased came to light in the census.

In one household in Yato, the mother is a Loto woman, twice married. Her first marriage was with a Yato man, and residence was patrilocal. When her husband died, the widow inherited the house and occupied it in Yato. When she remarried, her second husband came from Ngake to live with her in this house. In a household in Ngake, a widow and her children continue to reside in the deceased husband's house. The widow is referred to as the owner of the house, but since her children are young,

1:Beaglehole and Beaglehole E-5 (1934-5)1938 Pukapukans

while died and it is presumed that this child will continue indefinitely to live with his own parents while being considered a member of the adopting father's lineage. In a third case, the reason is the illness of both adopting parents. In another, the adopting father is a very old man, unable to care for the child. He had previously also adopted the child's father, who lived with him as a boy. A further case did not involve a change of residence on the part of the adopted child because the adopting father is the husband of the child's maternal grandmother, with whom the child's unmarried mother lives. The reason given in two other cases is the death of the adopting parent or his wife. In the remaining five cases, involving eleven *tama hokoti*, no explanation could be offered by informants, though it is likely that the personal preferences of the blood and adopting parents were deciding factors.

Generally the *tama hokoti* is adopted before birth:

When a couple decides to adopt, they go to the selected parents at the time the mother is about three months pregnant. They say: "We wish to adopt this child as a *tama hokoti*," and then specify whether the sex of the child will make any difference. The blood parents discuss the matter with the paternal and maternal grandparents and with their bilateral kinship groups, to see if there is any objection to breaking a descent line, or whether any other friend or relative has a prior claim on the child. If agreement is reached, the adopting parents are informed, and from this time on they are required to feed the pregnant mother with the best of foods and to make special provision for her family whenever there is a food division.

The child's birth takes place in the house of the blood father, unless the house of the adopting father is close by, in which event delivery may take place in that house. Both adopting parents are present at the delivery as a matter of course, because of the fiction that it is really their child that is being born. All the relatives of the adopting parents make a point of being present for the same reason. It is the adopting group that renders all the necessary assistance to the parturient woman. The blood father and relatives may also be present, but only as onlookers who take no part in the confinement proceedings. After the child's birth, the adopting parents continue to be responsible for the mother and for the child. They provide the birth feast and the names for the new child.

Thereafter the mother nurses the child, who remains with her exclusively until time for weaning. Food gifts to the mother continue throughout the feeding period. At weaning, the adopting parents take formal possession of their child. A small feast marks the handing over; the adopting parents make gifts of valuables, pearl-shell hooks, malos, etc., to the blood group. This completes the adoption, and henceforth the child lives with the adopting parents. The blood parents give up all control over the child, and the child in turn assumes all the duties and responsibilities of its position as *tama hokoti* to the adopting parents.

As distinguished from a *tama hokoti*, the feeding child (*tama wangai*) goes without ceremony to live with the adopting parents, who feed him. He helps his feeding parents, and brings to their household the food shares he receives from the village divisions. The relationship begins when the child is sent to relatives to be weaned:

Through a mixture of personal and economic motives, relatives may decide to keep a feeding child with them. The matter is discussed with the blood parents and decided upon usually an easy matter, as no change of lineage membership is involved. The child remains a member of his home village. If he is taken by relatives in another village, he brings to this household foods in which the adopting village is deficient. Thus the adopting parents participate in a supply of food that would otherwise be denied them. If the adopting parents come to favor the feeding child, they make arrangements to turn

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842 types of food divisions (for work activities) than by having plenty of daughters to share in the wealth of the maternal lineage.

Veri says on this matter: my ideal family would be composed of equal numbers of male and female children. I would like daughters to assist in the work of the house while they are young and unmarried. I would like them for the food shares they bring in. Even though daughters are nominally lost to the family when they marry out and go to live elsewhere, nevertheless the system is so flexible that their husbands can generally be relied on to help with food and work when the occasion demands. A son is necessary, especially a first-born son, so that the name of the family can be handed down to later generations.

As long as the daughters do not marry early, the father is assured that their food shares will be brought into the house for a reasonably long time. Whereas the adult son may get independent, go to live elsewhere, and take his food shares away from the house from an early age, a daughter would rarely be so independent. If the unmarried daughter has children, these remain with their mother's father if he so desires and insists, even though the daughter later goes elsewhere to live with the man she marries. These "illegitimate" children bring in more food shares to his household, and thus increase his wealth and status in the community.

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Whatever prospective parents may prefer their child to be, no method is known to influence its sex. They can only fervently hope that the child will be what they desire. They may express their hope aloud in such words as, "Fi pe te taua tama e wai tamawawine!" (If only our child will be a girl!)

Delivery

844 The pregnant woman continues to live in the house of her husband or father, if she is unmarried, up to the time of her confinement. When she feels labor pains (*mahatinga* or *mahatiakiaka*) she goes outside to the back of the house, if this is a quiet place, and lies down on a mat or coconut sheet placed on the ground.

No coconut cream or other purgative is given before labor to clear the lower bowel. In delivery, the parturient woman sits on the ground with her legs stretched out and apart in front of her. Should this position become uncomfortable, she changes to a squatting position. But she soon resumes the preferred sitting position. A medicine man specializing in obstetrics (*tangata mahauwau*) or, failing him, any close male relative, sits in the same position behind her; she may also sit on his outstretched legs. The parturient woman is further assisted by another adult, usually a woman, mother or mother's sister, who squats in front of her and leans forward, pressing her hands down on the parturient woman's knees, thus giving her support in her straining movements (*hakaonga*). When the baby comes (*to*, falls) it is taken either by the mother herself or else by the attendant in front of her. To help the woman in delivery, the *tangata mahauwau* applies physical therapy (*papangi te tau muli*), pushing with the heel or the palm of the hand on the small of her back. If the baby appears to be coming out feet first, it is turned (*muauli*) before delivery, by external digital manipulation of the abdomen.

845 183 Delayed childbirth or prolonged labor pains (*yapu lakeia*) are believed to result from the woman's having copulated with another man after she became pregnant by the blood father of her child. When relatives hear of the hard labor, they gather about the parturient woman and urge her to confess (*titiu*) all her sexual sins (*yala*). She is expected to confess in great detail from the first to the latest sexual irregularity. Only then can the child be delivered. An unmarried mother is also expected to confess all her sexual irregularities, giving the names of all the men with whom she has had intercourse, together with a list of all other sins she has committed. Confession is followed

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845 with physical treatment. Formerly, a medicine man (*tangata ʻula*) was consulted. He diagnosed the case, then went to his god house, performed the pigeon-calling *lupe* ritual to his god, and received from the god advice on the treatment of the trouble. The god's advice seems to have been of a stereotyped nature, the suggestion that the medicine man return to the mother and give her several smart slaps (*papahinga*) in the small of the back at frequent intervals. Today this procedure is followed as of rote. The parturient woman is not allowed to swim, but she is encouraged by her attendants to get up and walk about in the hope that the gentle exercise will encourage delivery. If this has no effect, *niu kalokalo* is prepared and given to the mother to drink: the grated flesh of a young nut is mixed with the liquid of the nut. The patient drinks about one pint at a time, repeating the dose at intervals if necessary. This medicine (*lakea*) is considered slightly laxative and is also supposed to cool the blood. Another recommended medicine, also taken at intervals, is coconut cream mixed with the expressed juice of pandanus keys. No other method is known to hasten delivery or ease the pain. Neither chants nor genealogies were recited to assist delivery.

844 Pukapukan theory is that children born during the night come out head first, and those born during the day come out feet first, in spite of the efforts of attendants to change the position of the child. No explanation could be offered for the case of a child recently born during the day with its head first. A day-born child is reputed to have a short expectation of life, it is likely to die even before it starts to walk. Apela, a young man rapidly making a name for himself as a baby specialist, was in attendance at the birth of a child one afternoon, the third to be born to the parturient woman, the first children having been still-born. Labor was not prolonged. After one *holoesaga* (exertion of pressure) attendants saw the infant's head appear. The child did not come out. Five minutes later, the head again appeared, but still the baby did not come. After a further ten minutes of labor, the child appeared feet first, and was thus delivered. Apela plainly felt that the child would not survive infancy, because of its inauspicious introduction to the world.

845 It is related that formerly the birth of a child later to become a man of supernormal strength, caused the death of the mother. The child sprang from the womb with such force as to injure fatally the mother's internal organs. Thus were born Wasu-manuvamui (p. 379), Kui, and some of Kui's descendants (1).

773 When the child has been delivered, the blood is massaged into the cord (*pito*) and along the cord to the navel (*pito*) of the child. Without waiting for the expression of the placenta (*nuvua*), the cord is then cut (*hotuti*) by the male attendant or the father with a sharp *vaiuyi* shell about 5 or 6 inches from the umbilicus, in no prescribed manner. A slip noose is made in a short length of cocoanut fiber (*pulu hauti*), slipped over the end of the cord, and passed to a point about 2 inches from the distal end. The end is not folded back. The noose is pulled tight and knotted with half hitches.

844 The placenta usually comes away almost immediately without any difficulty. Mrs. Henry reports no failure in the expulsion of the placenta during the seven years she has been in Pukapukan. But should the expulsion of the placenta be delayed even as much as one half hour the parents confess to attendants any sins they have committed. Confession procures immediate expulsion.

844 The placenta falls into a hole (*luu*) previously dug beneath the mother. Placenta and cord are immediately taken by an attendant to a section of the beach owned by the father's paternal lineage and buried in the ground. Clothes badly soiled in parturition may also be buried in the same hole. A *pangiore* tree (basic to be used for a canoe), a *puka* tree (the leaves of which are used later for tide fertilizer), or a coconut tree is planted over the hole. Such a tree is referred to as *te mauga o Maco* (the afterbirth of Grandson). But informants suggested no connection between the life of the tree and the life of the child.

844 The parturient blood (*toto*) is taga. It is allowed to drop into the hole under the mother which is finally covered with sand but not concealed in any other way. No rationalization could be obtained for the belief that the blood is taga, nor were any sim-

1:Beaglehole and Beaglehole E-5 (1934-5) 1938 Pukapukans

844 sequences enumerated that would follow if this blood came into contact with the clothes of attendants.

Care of the Mother

The delivery completed, one or more attendants take care of the mother. The others look after the child. The mother's head was formerly covered with a piece of *welo* bark as soon as the child was born, in order to prevent her hair from falling out, a precaution not adopted today.

The mother's abdomen is massaged by her husband or other male attendant, who presses out the blood. Then the mother stands and walks to the beach supported by attendants. No portion of the beach is reserved for use in confinement. The mother wades into the shallow water, sits down, and expresses blood by exerting downward pressure on her abdomen. She remains only a few minutes in the sea, and then returns to the house, seating herself on coconut husks arranged to provide a comfortable seat. Attendants apply pads of coconut fibers, which are kept in position by a strip of *lauvila* fiber, called for this purpose *tu*, passing first round the waist, then down over the pads between the legs, to be tied in the middle of the back. For the mother's comfort and support, a maternity band (*pale manavu*) is passed round the abdomen and tied tightly at the back. This is generally not applied until the second day after delivery. It is not made in advance of the confinement, but is plaited by a female relative of the mother soon after delivery.

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The mother sits with her legs folded under her, her knees propped up about 4 inches with coconut husks. This is believed to ease the flow of blood. With her arms tightly folded under her breasts, she presses upwards to hasten the flow of milk. In this position, called *hokeni* (to be cuddled up), the mother sits and sleeps for five nights and five days. She may lean back against a wall post or the house frame, but she may not lie down or release her tight hold on her breasts. She is allowed to stand and leave the house for the purposes of evacuation, but must continue to hold her breasts tightly. There is no prescribed place for her to evacuate; the blood in the feces is not considered tapu. At the end of the five night period (*lima po*) the milk will have begun to flow, and the mother may release her arms (*wuke na keke*, expose the armpits). She takes up plaiting and other sedentary activities, not fully resuming active work until ten or more days have passed.

Care of Infant

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As soon as its cord is cut, those present inquire as to the sex of the newborn child, "E tama wea te tama nei?" (What child is this child?), and the attendant announces, "E tule (e wu) te tama nei" (This child is a penis, or a vagina). The terms *ule* and *wu* to denote the sex of the child were formerly commonly used; a father, asked the sexes of his children, might reply: "I have two *ule* (sons) in my family, and three *wu* (daughters)."

844

The child is taken to the sea and washed. Then it is taken inside the house, rubbed with oil and wrapped (*laulanga*) in soft pandanus mats. It is immediately fed with coconut cream (*lolo*) in order to loosen its bowels. Later it is placed beside the mother. For at least two days the child is fed by women of the house on coconut cream whenever it cries. When the mother's milk (*yua wu*) comes, the child is immediately given the breast (*wa wu*). Should the milk not flow by the second day, the child is fed on *lolo* until it does flow. Informants could recall no case where milk did not come by the

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1:Beaglehole and Beaglehole E-3 (1934-5)1938 Pukapukans

853 846 out of four nights after delivery. They said a child was never given to a woman other than the mother to be nursed.

Twice daily, morning and evening, the infant is bathed either in the sea or in fresh water, and then rubbed with coconut oil. When the cord falls off, coconut oil is spread on the navel. If the navel is sore, a *fuhu* leaf may be placed over it and tied with sennit fiber. The child is kept wrapped in a soft kilt or in soft pandanus mats.

851 There is no difference in treatment for the boy and the girl. No public announcement was made of the birth of the first-born child. Birth customs were the same for members of the chiefly families as for the ordinary populace.

845 A prematurely born child (*tama yuutia*), if it is born alive, has all the usual care devoted to it. Jealousy of her husband on the part of the mother is believed to cause the death of a premature child; her bad heart (*ngaahau hino*) kills the embryo. A still-born child (*tama na mate i loto o te manava*) is considered tapu and must be buried in the appropriate cemetery, no matter how immature, deformed, or mutilated it may be. Not to bury the child with care would render the mother unable to bear another child. Such children were not named before burial.

[847] Infanticide is unknown today; there is no record of its having been practiced in earlier times.

Twins (*voyanga*) are extremely rare. No ideas are entertained about their desirability. There is no formulated belief as to which of twin children is to be considered the older. Most informants agreed that the first-born would rightly be held the older of the two, though a minority felt that the larger child, irrespective of the order of birth, should be considered the older. No beliefs are held as to the magical powers of twins, nor are any special abilities attributed to them.

Pattern Variations

844 517 Extremely realistic attitudes toward childbirth are held by Pukapukans. No sense of mystery surrounds the event. It is considered interesting to the whole community, as natural as any other fact of life. Anyone who feels inclined, man, woman, or child, has the fullest liberty to be present. Long hours of waiting are helped along with gossiping, joking, and laughter, while the children play about until late hours of the night. But, though the patterns of childbirth are firmly fixed and can be given by most informed adults, nevertheless in specific instances all sorts of confusion and inefficiency may be displayed, some procedures being forgotten, others performed out of order. Each birth is unique in its emotional overtones. A child may be 845 born under matter-of-fact circumstances with hardly a person in the village aware of the fact. In contrast, a birth was witnessed in which the child was a long time being delivered, all those present becoming angry with the pa-

1;Beaglehole and Beaglehole E-5 (1934-5) 1938 Pukapukans

757 tion: the patient eats only nuts, pandanus fruit, and bananas; taro is later added to the
278 diet, but fish or flesh is taro as long as medicine is being taken.

Debility of patients grown thin and weak through prolonged illness. Place the liver of any large, edible fish in a green coconut cup, cover with water, and warm over hot coals. When thoroughly hot, remove and throw away the liver. Pound up several lengths of aerial pandanus root, squeeze out the juice, and add to the liver water. Let the patient drink this each day. The same medicine is used for renal colic.

Diarrhea. Bake ripe pandanus keys, extract the nuts, and pound up. Express the juice. To each half cup of juice, add a little dried coconut oil and fresh water. Drink the mixture at intervals until cured. A diet of pounded cooked taro mixed with drinking-nut liquid is also recommended to calm the stomach.

Filaria. Pau would only say that the main treatment consists in *lowilowi* and lancing. However, some practitioners paint an embrocation on the affected limb. The ingredients of such an embrocation are a closely guarded trade secret, but probably consist of a coconut oil base to which pandanus juice is added. Trade perfume is considered to have great virtue as an addition to such a mixture. The embrocation is applied until the swelling begins to subside. After that, nature is allowed to take its course, unaided by external applications.

Hemorrhage. External bleeding of a limb is treated by winding a length of *malo* or sennit round the limb about the wound and tying tightly. If bleeding occurs in a place where a wrapping may not be easily applied, deep pressure with the thumb is exerted above and below the wound. Either of the two following astringents is applied to the wound: juice squeezed from the husk of a coconut, or juice squeezed from the pounded roots of the coconut tree. The wound is covered with leaves of the *sowa* plant and tied with sennit. For external bleeding after childbirth and for internal bleeding, vomiting of blood, or passing of blood with the feces: express the oil from the gratings [547] of a very red dried coconut; squeeze the juice from pounded, baked, ripe pandanus keys, and mix the two liquids; add drinking-nut water to make about two gills of liquid; let the patient drink this at intervals until bleeding ceases.

Stomach pain. Pound raw or baked bananas, mix with *lolo* cream and drinking-nut liquid. About one-half pint of the medicine is drunk at intervals until the pain ceases.

Rheumatic pains (*mahi ngangu*). These are treated with *lowilowi* and an embrocation: grate a dried coconut and add to it four or five leaf buds of the *tavyiva* tree; pound up the mixture and express the juice onto the source of pain. Other leaf buds may be substituted, but those of the *tavyiva* are preferred.

Vomiting (*kua*). As an emetic, drink salt water. To allay excessive vomiting, drink about one-half pint of the internal hemorrhage medicine, until vomiting ceases.

Insomnia (*ongo moe*). Pau mentioned this as an occasional complaint, but had no specific treatment.

192 A vocabulary of about 200 words covering physiological processes and
826 parts and bones of the body was also obtained from Pau, who was shown pictures of different parts of the body, diagrams of a skeleton and the skull, and asked to identify the parts he knew. These words are included in the Pukapukan dictionary.

145 Imperfect and irregular teeth (*ngao oyo*) are believed to result if a child
852 loses his milk teeth before the second set is ready to erupt, for the child tends to play with his gums (*take nie*), so spoiling the second set. Many young children, aged 3 to 5 years, have badly broken or decayed milk teeth. Some have sets of stumps that appear to be worn down through hard chewing. This is an individual matter, however, because other children of the same age have beautiful, well-formed milk teeth.

6:Beaglehole and Beaglehole E-5 (ca.1935)1941 Pukapukans

child here!" His own chest or the child's body he places in his mouth and chews vigorously. He spits out the mastic and, stamps on it, and goes away.

Burying games played by children are not uncommon. They generally follow immediately upon a death in the community when the children's interest is turned to corpses by fringe participation in the funeral wake and burial. Ta's play, however, bore no relation to any actual death. It appears to have been quite spontaneous, unmotivated by immediate instigation. It is nonetheless significant, however, for the insight it gives into the adoption-frustration situation in Pukapukan society; specially significant if Freud's conceptualizations be used for approximate explanation.

IV

Enough has perhaps been said to suggest some of the overt conflict situations that the Pukapukan child has to surmount in the slow process of socialization. It may be of interest now to discuss briefly the attitudes of children to the facts of sex and also the attitudes of parents and elders in regard to the sex knowledge and sex plays of children. The discussion will show clearly that conflicts over sex are certainly not conflicts that in any way appear to ruffle the surface of Pukapukan child development. The metaphor may well be emphasized in so far as it still leaves as an open question the nature and extent of unconscious conflict and repression.

Two points may well be kept in mind in considering the sexual attitudes of Pukapukan children. First, the general attitude of the culture towards sexual activities is that these are pleasurable play activities. The attitude is realistic, sensuous but not sensual. For the Pukapukan all activities lead naturally to some form or other of sex expression. Secondly, all members of the household sleep in the same sleeping house. Where there is only one mosquito net in the house, parents and children all sleep under it. In a few houses in which a rough partition separates two rooms, parents and small children sleep in one room, older children in the other. A group of older women informants said that some parents make an effort not to let their children witness them in coitus but other parents make no effort to conceal their actions. Particular parents wait until they assume their children are asleep or else go to the bush to have intercourse. These precautions, however, prevent little. It is certain that children witness the sex act at one time or another, usually at a very early age, and are fully conversant with all that relates to sex and childbirth.

Many conversations with children between the ages of three and six years record detailed but volunteered accounts of childbirth. The children assume that childbirth is as neutral a topic of discussion as any other; just as their parents have no objection to their being present at childbirth—no objection that is, so long as they do not insist on pursuing a kitten between the legs of a parturient woman or hindering the midwife by tangling her up with a pig that is being cleaned. Similarly in regard to the sex act: the familiarity of children with this phase of behavior as recorded in their conversations or activities is striking in its completeness. Words referring to the sex act are continually on their tongues either by